

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name TRUE NORTH COFFEE HOUSE	Telephone Number Est 812-266-0152 Own 812-557-0791	Date of Inspection 09/16/2021	ID#
Address 137 E MARKET STREET STE 50, NEW ALBANY IN 471			
Owner MICHELLE RYAN	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released
Owner's Address 137 E. MARKET STREET NEW ALBANY, IN 47150		Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
Person in Charge MICHELLE RYAN			
Responsible Person's Email GWENLYSON@GMAIL.COM			
Certified Food Handler GWEN BOWMAN			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
411		X		Measured lighting over the 3 compartment sink at 7 footcandles. Warewash area must be 70 footcandles or above. Redirect track lights or install additional lighting.	1 week
107		X		Observed the establishment had moved and opened without prior approval from the health department. A plan review questionnaire must be submitted for review.	2 weeks

Summary of Violations C 0 NC 2 R 0

Received by (name and title printed):

Inspected by (name and title printed):

Thomas Snider CFS

Received by (signature):

Inspected by (signature):

Thomas Snider

cc:

cc:

cc: